
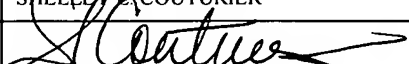


<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>  <i>Only for new nonprovisional applications under 37 C.F.R. § 1.53(b)</i>	Attorney Docket No.	A-9286
	First Inventor or Application No.	WASILEWSKI, ET AL.
	Title	METHOD FOR PARTIALLY ENCRYPTING PROGRAM DATA
	Express Mail Label No.	VIA HAND DELIVERY

16018 U.S. PTO  
 10/602988  
 06/25/03

<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents	<b>ADDRESS TO:</b> Mail Box Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and duplicate for fee processing) 2. <input checked="" type="checkbox"/> Specification [Total Pages <u>74</u> ]	5. <input type="checkbox"/> Microfiche Computer Program (Appendix) 6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (e.g. PTO/SB/17) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies
3. <input checked="" type="checkbox"/> Drawings (35 U.S.C. § 113) [Total Sheets <u>21</u> ] 4. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages <u>3</u> ] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed) i. <input type="checkbox"/> <b>DELETION OF INVENTORS</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b)	<b>ACCOMPANYING APPLICATION PARTS</b> 7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of (when there is an assignee) Attorney 9. <input type="checkbox"/> English Translation Document (if applicable) 10. <input checked="" type="checkbox"/> Information Disclosure <input checked="" type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations 11. <input type="checkbox"/> Preliminary Amendment 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 13. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application. Statement(s) Status still proper and desired 14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 15. <input type="checkbox"/> Other:
16. <input type="checkbox"/> If a <b>CONTINUING APPLICATION</b> , check appropriate box, and supply the information below and in a preliminary amendment: <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: 09/930,901 Prior application information: Examiner: Safet Metjahic Group Art Unit: 2171	
<b>17. CORRESPONDENCE ADDRESS</b> <input checked="" type="checkbox"/> Customer Number or Bar Code  or <input type="checkbox"/> Correspondence address below Name <u>05642</u> Address <u>PATENT TRADEMARK OFFICE</u> City <u>State</u> Zip Code <u>Telephone</u> Fax <u>Country</u>	

Name (Print/type)	SHELLEY L. COUTURIER	Registration No. (Attorney/Agent)	47,503
Signature		Date	JUNE 25, 2003

Docket No.: A-9286

UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: WASILEWSKI, ET AL.  
DOCKET NO.: A-9286  
TITLE: METHOD FOR PARTIALLY ENCRYPTING PROGRAM DATA

JUNE 25, 2003

**FEE TRANSMITTAL FORM**

Mail Stop PATENT APPLICATION  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

The Commissioner is hereby authorized to charge the indicated fees and any additional fees and to credit any overpayments to Deposit Account No. 19-0761

The fee is calculated as shown below.

	No. of Claims Filed	No. of Claims Paid For	No. of Extra Claims	Rate	Fee
Independent Claims	2	3	0	\$ 84.00	\$000.00
Total Claims	12	20	0	\$ 18.00	\$000.00
Multiple Dependent Claims				\$280.00	\$000.00
Basic Filing Fee				\$750.00	\$750.00
Total Filing Fee					\$750.00

One duplicate original of this sheet is enclosed.

**SEND CORRESPONDENCE TO:**

Scientific-Atlanta, Inc.  
Intellectual Property Dept. MS 4.3.510  
5030 Sugarloaf Parkway  
Lawrenceville GA 30044


By:

  
SHELLEY L. COUTURIER

Agent of Record  
Reg. No.: 47,503  
Phone: (770) 236-2352  
Fax No.: (770) 236-4806

**Certificate of Hand Delivery**

I, Jennifer Lohse, hereby certify that this correspondence is being hand-delivered to the U.S. Patent and Trademark Office on June 25<sup>th</sup>, 2003.

  
Signature  
Jennifer Lohse  
Printed Name